

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	T.H.	953	08-09-01
RESPONSE FORMALITY REVIEW	M.M.	780	5-1-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	08/19/03
2	✓	✓	02/15/04
3	✓	✓	06/15/04
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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